## STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:		
Name: Mcersove K	Sm, the	Work Phone No. 271-3165
Work Address: Rm 211 B L	0B	Concord
Office/Appointment/Employment held:	2P.	
or expense reimbursement. When the source is a corpora	ation or other entit	business, if any, of the source of any reportable honorarium y, the name and work address of the person representing the must be provided in addition to the name of the corporation
Source of Honorarium or Expense Reimbursemen Name of source:	nt:	RECEIVED
First	Middle	Last
Post Office Address:		FEB 2 0 2009
Occupation:		NEW HAMPSHIRE SECRETARY OF STATE
Principal Place of Business:		
If source is a Corporation or other Entity:		
Name of Corporation or Entity:	25L	
Name of Corporate/Entity Representative:	te Zir	egler
Work Address of Representative:	East	First Pl DenverCo 8023
Food and/or beverages consumed pursuant to RSA 15-B:6, II with value over \$25.00 $\Box$		
Value of Honorarium: Date Received: If exact value is unknown, provide an estimate of the value of the gift or honorarium and identify the value as an estimate.   Exact   Exact   Estimate		
Value of Expense Reimbursement: 1354.55 Date Rec	eived: 1/15/6	A copy of the agenda or an equivalent document must
Briefly describe the service or event this Honorarium or Fall mtg as NCSL pe		sement relates to:
'I have read RSA 15-B and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge		
Signature of Filer	d	Date Filed
		2 100 X 1200

9/07

RSA 15-B:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false report shall be guilty of a misdemeanor.

Return to: Secretary of State's Office, State House Room 204, Concord, NH 03301